

CITY OF LEXINGTON

APPLICATION FOR EMPLOYMENT

300 East Washington Street
Post Office Box 922
Lexington, Virginia 24450
[540] 462-3729; fax [540] 463-5310

POSITION: _____

Date of Application: _____

INSTRUCTIONS: Please print or type all information. This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Proof of citizenship or immigration status will be required upon employment.

We are an Equal Opportunity Employer.

Last Name

First Name

Middle Initial

Phone Numbers

Address

City

State

Zip code

Best time and manner to contact you: _____

Are you currently employed? Yes/No

May we contact your present employer? Yes/No

Date available for employment: _____

Can you travel if a job requires it? Yes/No

Would you accept full-time work? Yes/No

Would you accept part-time work? Yes/No

What is your desired salary range? _____

Have you ever been employed with us before? Yes/No If yes, when? _____

EDUCATION (Give names and addresses of schools attended)

Grammar/Middle School _____

Dates attended/completed: _____

High School _____

Course of study: _____ Did you graduate: Yes/No Degree or diploma _____

Dates attended/completed: _____

College _____

Course of study: _____ Did you graduate: Yes/No Degree or diploma _____

Dates attended/completed: _____

Graduate School _____

Course of study: _____ Did you graduate: Yes/No Degree or diploma _____

Dates attended/completed: _____

Vocational/Other School _____

Course of study: _____ Did you graduate: Yes/No Degree or diploma _____

Dates attended/completed: _____

Continuing Education _____

EMPLOYMENT HISTORY

(List your present or most recent employer first; use additional paper if necessary)

Employer Name/Address _____

Supervisor's Name: _____ Phone: _____

Job Title/Occupation: _____

Dates of employment: From (Mo-Yr): _____ To (Mo-Yr): _____

Starting Salary: _____ Ending Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Employer Name/Address _____

Supervisor's Name: _____ Phone: _____

Job Title/Occupation: _____

Dates of employment: From (Mo-Yr): _____ To (Mo-Yr): _____

Starting Salary: _____ Ending Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Employer Name/Address _____

Supervisor's Name: _____ Phone: _____

Job Title/Occupation: _____

Dates of employment: From (Mo-Yr): _____ To (Mo-Yr): _____

Starting Salary: _____ Ending Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Employer Name/Address _____

Supervisor's Name: _____ Phone: _____

Job Title/Occupation: _____

Dates of employment: From (Mo-Yr): _____ To (Mo-Yr): _____

Starting Salary: _____ Ending Salary: _____

Description of Duties: _____

Reason for Leaving: _____

OTHER

List computers, software products, office equipment, or heavy equipment you are familiar with, and indicate the degree of your familiarity with them. _____

State any additional information you feel may be helpful to us in considering your application (i.e., licensures or certifications; military service; specialized training; apprenticeships; skills; extra-curricular activities; professional, trade, business or civic activities; or offices held). Attach copies of documents or certificates that will support your application.

REFERENCES

1.	Name _____ Address _____ _____	Phone _____ Relationship _____ _____
2.	Name _____ Address _____ _____	Phone _____ Relationship _____ _____
3.	Name _____ Address _____ _____	Phone _____ Relationship _____ _____

How did you learn about us? ☐ Advertisement ☐ Relative ☐ Inquiry ☐ Friend ☐ Employment Agency
☐ Other: _____

APPLICANT'S STATEMENTS

- I certify that answers given herein are true and complete.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Lexington is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Manager of the City of Lexington.
- In the event of employment, I understand that exaggerated, false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Lexington.

Applicant Signature

Date

FOR INTERNAL USE ONLY

Arrange Interview: ☐ Yes ☐ No

Remarks: _____

Interviewer Signature

Date

Employed: ☐ Yes ☐ No

Date of Employment: _____

Job Title: _____

Department: _____

Step: _____ Grade: _____

Hourly Rate/Annual Salary: _____

By: _____

Name & Title

Date